## FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) MORE CLAIMS AFTER/ 181 AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. IND. DEP. DEP. IND. IND. DEP. DEP. DEP. IND. <u>\_\_</u> TOTAL IND. Ţ \_1 TOTAL IND. <u>b</u> TOTAL DEP. TOTAL CLAIMS TOTAL DEP. \* TOTAL \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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